

Early Institutional Provision in Scotland for disabled Children

Iain Hutchison

Department of History, University of Strathclyde

Introduction

By the end of the nineteenth century institutional provision for a wide range of objectives was well-established in Scotland as it was across much of Europe and beyond. While adults were often the initial focus of such provision, specialist institutions for children were also established. However, for disabled children, their introduction might be regarded as haphazard.

Institutional provision for hearing impaired children can be traced to 1760, but institutional intervention did not occur for children with physical disabilities until 1874. Institutions for disabled children developed in a context where Scotland's growing population was gravitating towards the industrialising cities. It was also an era when the 'rational' body, and mind, became of concern to 'respectable' middle class society while the rise in stature of the medical profession resulted in the 'imperfect' body and mind being viewed as defects requiring repair.

As 'disability' was a collective circumstance constructed in the twentieth century, the uncoordinated development of the preceding century is understandable. In the language of the nineteenth century, the needs and circumstances of a 'blind' child were regarded as quite different from those of an 'idiot' or 'imbecile' child, and a 'deaf and dumb' child was not seen as having anything in common with a child who was 'lame', 'crippled' or bedridden with joint disease. Institutions for disabled

children were established with a variety of objectives, including education and training, medical intervention and custodial confinement. The application of the residential institutional option to different types of disablement in childhood was an erratic process lasting more than a century.

This paper will begin by exploring the fragmented approach to institutional provision for disabled children in Scotland. The aims of institutions in providing education, training and employment will then be examined along with their roles in providing moral and religious inculcation and facilitating medical intervention. Finally, the objectives of the supporters and administrators of institutions will be discussed, but tempered by some first hand testimony of the institutional experience.

The growth of institutions for disabled children

During his famous journey to the ‘Western Islands of Scotland’ in 1773, Dr Samuel Johnson visited ‘a college of the deaf and dumb, who are taught to speak, to read, to write, and to practice arithmetick, by a gentleman, whose name is *Braidwood*’ (Johnson, 1775). The ‘college’ was in Edinburgh where it had been opened by Thomas Braidwood in 1760. Braidwood’s school certainly impressed Johnson who, although his evaluation could have had no basis other than Braidwood’s say-so, wrote that ‘the improvement of Mr Braidwood’s pupils is wonderful ... it is an expression scarcely figurative to say they hear with the eye.’ Johnson noted with pleasure that the twelve or so pupils would receive Braidwood ‘with smiling countenances and sparkling eyes, delighted with the hope of new ideas’ (Johnson, 1775). Johnson considered Braidwood’s school to be quite unique, offering ‘one of the most desperate of human calamities ... so much help’ (Johnson, 1775). However, Laurent Clerc,

French pioneer of deaf education in USA, was sceptical, suspecting that Braidwood ‘taught primarily rich, hard-of-hearing pupils’ (Lane, 1989). By 1783 Braidwood had moved his school to London.

A generation passed before other institutions for the ‘deaf and dumb’ arrived to take over the void left following the departure of Braidwood’s enterprise. Catering for the poor as well as the wealthy, Edinburgh Deaf and Dumb Institution opened in 1810, followed by similar institutions in Aberdeen and Glasgow in 1819, and Dundee in 1846. Donaldson’s Hospital, opened in 1850, resulted from the bequest of the Edinburgh publisher, James Donaldson (1751-1839). It was not a hospital in the medical sense of the word, but a residential institution. It accepted children between the ages of seven and nine and they could remain until the age of fourteen. It also accepted hearing children although ‘deaf’ and hearing children were segregated for classes. Thomas Watson has noted that ‘it was considered that the mixing of deaf and hearing children was advantageous to both: to the deaf, in that it afforded them a preparation for their entry into the hearing world; and to the hearing in helping them to realise the difficulties of some of their less fortunate fellows’ (Watson, 1949). In 1938 Donaldson’s Hospital amalgamated with the Edinburgh Institution for the Deaf and Dumb and became ‘Donaldson’s School for the Deaf’. In 1991 it became ‘Donaldson’s College’ (Montgomery, 1997). When Glasgow Institution for the Deaf and Dumb was established in 1819 it accommodated children in modest premises in Townhead (GIDD, c.1901). In 1868 it relocated to a new building at Langside (GIDD, 1904) (now part of Langside College), where it nonetheless soon faced competition because of ‘the large increased admission of deaf and dumb children to Donaldson’s Hospital in Edinburgh where they are all boarded and educated

gratuitously' (GIDD, 1871). In 1879 there were 335 'deaf' children spread across the five institutions (ERIEDDC, 1882).

While institutions for hearing impaired children were quite specific and inflexible about the ages of the children that they would accept, institutions for visually impaired people accepted not only children, but also adults; and as well as inmates who lived on the premises, they catered for a considerable number of 'outmates' – people who lived in their own homes or lodgings. Glasgow Blind Asylum opened in 1804, and in 1823 stated its aim of providing a residential school for 'blind' boys and girls between ten and sixteen years of age. It relocated to new premises in Castle Street in 1882 (now derelict on its site adjoining Glasgow Royal Infirmary) where it had thirty girls and thirty 'lads' resident along with twelve women, while its school was attended by a additional five non-resident children (GAB, 1882).

The Glasgow Blind Asylum was preceded by its Edinburgh counterpart, founded in 1792 and opened the following year. As the Society for the Indigent Blind, its initial objective was adult males, but this expanded to include adult females and children (Checkland, 1980). Its benevolence was accompanied by a highly regulated regime under which every hour of the day was designated for ablutions, meal breaks, education and training, religious observance and exercise (REBAS, 1792-1872).

While the roles of institutions catering for 'deaf' children and 'blind' children followed different patterns, they were nonetheless well established by the middle of the nineteenth century. Many mentally impaired adults lived in their communities, either with their families or boarded-out, but asylums for mentally impaired adults

were also well established by this time. However there were no parallel institutions for children until the opening of Baldovan Asylum, near Dundee, in 1855. Baldovan initially catered for twelve children, but because few children returned to outside care and there was uncertainty about what to do with them when they reached adulthood, Baldovan grew rapidly and by 1913 had 208 children resident (Baldovan, 1855, 1913). A much larger asylum for mentally impaired children, the National Institution, opened at Larbert in 1862 and by the end of the nineteenth century it contained three hundred children.

While it had been a gradual, sometimes erratic, process, institutional provision had become one of several approaches adopted by the 1860s for children with sensory and mental impairments. These earlier developments were recognised by William Mitchell when, in 1891 with the benefit of experience, he wrote:

[There] were blind and deaf and imbecile children, and for these institutions existed, to which they were sent. There were also the lame, the halt, the maimed, those suffering from spine and hip-joint disease, and many covered with sores.

For these no suitable institution existed. (EPH, 1891)

Following the implementation of the 1872 Education (Scotland) Act, which made school attendance compulsory for children aged between five and thirteen, Mitchell became chairman of the Attendance Committee of Glasgow School Board. It was the endeavours of attendance officers in the city, in pursuing children who were not going to school, that awareness of the prevalence of physical disability among the city's children became apparent. These revelations moved Mitchell to found the 'Association for Visiting and Aiding Permanently Infirm and Imbecile Children brought under notice by School Board Educational Enquiry' in 1874 (EPH, 1874). The initial objective of the Association, as suggested in its unwieldy title, was to

provide relief for disabled children in their own homes. While direction of some children to existing institutions was also envisaged, within a matter of months there was a realisation that none of these were suitable for certain types of impairment. As a result, East Park Home, a cottage acquired in Maryhill, Glasgow, received its first admission on 16 September 1874. Early admissions to East Park Home were dominated by children with rickets, spine diseases, hip joint disease and paralysis. The Home initially accommodated thirty children although by the end of the century this had increased to eighty-four and by the outbreak of the First World War it had 151 children in residence (EPH, 1880-1914).

A goal of enablement

Education and training

All of these institutions had ideals of turning the children in their care into self-supporting adults, although the reality was often quite different. This was sought at both a physical level and a spiritual level. The greatest optimism was found in institutions receiving children with sensory impairments. Because the blind asylums were also places of work for 'blind' adults, they had a vested interest in the training of 'blind' children. John Alston of Glasgow Blind Asylum, who created a raised alphabet which gained wide acceptance before the ascendancy of Braille, maintained that 'blind children can be trained to do almost anything' (Alston, 1894 [1842]). Boys were aged ten to sixteen and, in addition to attending classes, they made nets for wall-trees and sewed sacks, while girls were educated along gendered lines and assisted in household work and knitted silk purses, stockings and caps (Alston, 1894 [1842]).

Despite Alston's assertion that 'blind' children 'could do almost anything', their skills training was biased in favour of trades involving rope, cane and wood which it was believed could be easily manipulated by the sense of touch. 'Deaf' children, by contrast, on the basis that 'it may prove of great service to them in after life', were encouraged to draw (GIDD, 1873). While there were children at the Glasgow Deaf and Dumb Institution in the 1870s who found employment as a draughtsman, a designer and a compositor (GIDD, 1872, 1873) these were exceptional cases. Job opportunities for both 'blind' and 'deaf' people were curtailed by the limited horizons of 'normal' society. By the inter-war period, for example, Jock Young, upon leaving Glasgow Deaf and Dumb Institution, found his aspirations to be an engineer frustrated when he was 'sent to cobblers' workshops employing deaf people' (Young, 2000). 'Deaf' education was also disrupted by the decision of the 1880 Milan Convention, which advocated the promotion of articulation over sign language and which resulted in a confused approach in Scottish institutions providing education to hearing impaired children.

Baldovan Asylum's objective in 1855 had also been to provide its children with education and training. However by 1873 the conclusion had been reached that 'only a small proportion of the children are capable of useful training and about half are totally ineducatable' (Baldovan, 1873). Nonetheless sales of crafts made by the children during 'industrial training' were both substantial and important for this institution which lacked a high level of charitable donations. Both Baldovan and the Scottish National Institution had systems for grading the abilities of their children. At the Scottish National Institution children were singularly categorised from a range of sixteen different ability markers which included 'fairly proficient in arithmetic' and

‘can hum tunes’. Of the 296 children resident during 1906, 35 could ‘read intelligently’ while 128 could ‘partly dress themselves’, 154 could ‘partly feed themselves’ and 16 could do neither of these (SNI, 1906). However at the same time the institution had a prodigious output of work from the children which included 108 dresses, 92 pinafores, 86 chemises, 108 pillow cases, 181 pairs of drawers, 60 nurses caps, and 360 sweetie bags. While the children’s scholarly talents may have been limited, the fruits of their ‘industrial training’, which brought income to the institution, were significant (SNI, 1906). Indeed the Scottish National Institution appears to have had greater success than East Park Home which endeavoured to provide education supplemented by knitting and sewing for the girls and woodwork for the boys, but found that some of the children could only attend classes occasionally while others were constantly bed-bound.

Religious values

The philanthropists and charitably motivated people who sustained these institutions were often imbued with such characteristics and ideals as respectability, religious devotion and temperance. The instillation of such values in the children was therefore part of the ethos of the institutions. Alston assured supporters that ‘religious education’ and ‘Sabbath-day exercises’ were an integral part of the education provided by Glasgow Blind Asylum, while religious observance, temperance, and an industrious spirit were criteria for adults seeking employment in the asylum (Alston, 1894 [1842]). In 1845 Edinburgh Blind Asylum consented to girls having an exemption from attendance at Newington Church provided that guarantees were furnished by the ministers of their alternative choices and that these clergymen also sent quarterly reports to the asylum (REBAS, 1845).

East Park Home, whose founder William Mitchell was an elder of the Free Church of Scotland, produced annual reports that narrate testament purporting to be of its children. In 1880 David Lavery was reported as saying, ‘Yes, I would [like to get better], but I would rather go to heaven’ (EPH, 1880), and four years later a child called Lizzie was quoted as saying, ‘I am so glad I have a bad leg, for my friends do not love Jesus, and I should never have loved Him if I had not come here’ (EPH, 1884). Religious inculcation was a pervasive facet of the children’s lives following admission to East Park and other institutions.

Medical intervention

The medical interest in the physical condition of children under the care of nineteenth century institutions was variable. Ferguson notes that ‘there was little time in the busy nineteenth century to give heed to the welfare of children, too often regarded as encumbrances for the few years before they could be put to work’ (Ferguson, 1948), while Gaffney has observed that charity hospitals ‘operated a policy of selection by which the more acute, interesting, unusual and curable cases were accepted while the rest were abandoned’ (Gaffney, 1982). In Glasgow, a Hospital for Sick Children was proposed in 1861, but it was not until 1883 that this came to fruition and its first patient, a boy with curvature of the spine, was received (Robertson, 1972).

Some residential institutions, such as the blind asylums that were highly motivated in attaining industrial output, wished inmates to be in robust health, while others such as East Park Home were intimately and inevitably involved with medical care from the outset. In 1884, the Home’s physician, Dr Bruce, accepted that its chief objective was

‘to remove [children] from miserable or immoral surroundings and afford them the comforts and consolations of a dying bed’ (EPH, 1884) although his report four years later suggested greater optimism when he recorded seven children being fitted with Plaster-of-Paris jackets which ‘afforded much benefit and comfort *to some of them*’ [my italics] (EPH, 1888).

While such institutions had a medical practitioner affiliated to them, Glasgow Deaf and Dumb Institution expanded this with the appointment of an aurist in 1890, and an oculist in 1909. The aurist, Dr James Kerr Love, was recorded as performing mastoid operations in an operating room in the institution in 1903 and, a year later, undertaking ‘interesting experiments’ to establish ‘any remnant of hearing’ in the children (GIDD, 1903, 1904). In 1877 the Commissioner of Lunacy, reporting on Baldovan Asylum, wrote that ‘the great majority of the children are helplessly and hopelessly idiots, and there receive a kindly and careful nursing’ (Baldovan, 1877). By 1913, the children at Baldovan were graded by their communication skills, but this was motivated by the institution’s perceived role of education rather than provision of psychiatric counselling.

Education and training were a primary aim of most of the institutions for children and these objectives were driven by a hope of turning them into self-supporting adults who would not be a burden on parochial boards and ratepayers. The moral training of children was also a consistent ethos of these institutions, while the medical role was variable between institutions and over time.

The demand for conformity

It has already been argued that ‘disability’ as an all-encompassing condition, which collectivised various forms of impairment, was not recognised in the nineteenth century. Institutions specialising in a particular impairment often specified their requirement that prospective admissions had to be ‘healthy’ in other respects. As institutions grew in size, they liked the circumstances under their jurisdiction to be straightforward and uncomplicated. This gave rise to problems in respect of children who had more than one form of disability.

This is highlighted by the case, c. 1868, of Robert Edgar, a nine-year-old orphan from Wigtownshire who was both ‘blind’ and ‘deaf’. MacCulloch, superintendent of the Edinburgh Blind Asylum, described the dilemma posed by Edgar’s ‘double disability’:

He appeared strong and healthy, and well-grown for his age, and would have been readily admitted as an inmate of the Institution had he been only blind. But his being stone-deaf as well presented a serious obstacle to his admission into a seminary designed solely for the sightless. It was therefore suggested that he was more a subject for the Deaf and Dumb Institution, where he ought rather to be entered. But on application being made to its directors, it was found that he could not be received there on account of his blindness. He was then led back to the Blind School, where it was at last agreed that the poor boy should be taken in upon trial, and by way of experiment, for a period of three months, on the understanding that if nothing could be made of him in that time, he should thereafter be returned to his native parish in Wigtownshire. (MacCulloch, 1881)

At the Blind Asylum Edgar showed himself to be intelligent, industrious and religious, attributes that no doubt warded off his ejection after the three-month ‘experiment’. He died in the asylum from tuberculosis in 1877, age sixteen.

While neither the blind nor the deaf institution had initially wished to accept Edgar, it might be argued that his case had a positive outcome. However this was perhaps exceptional. Donaldson’s Hospital in 1883 removed three ‘Deaf and Dumb’ children

‘not being mentally capable of further progress’ (a frequent occurrence); in 1885 it removed a ‘Deaf and Dumb’ boy ‘below the average of intelligence’ and who was subject to ‘violent passions’, the results of ‘a bad fall into a pit’; and in 1888 it deferred an application for admission from Margaret Sinclair who had a squint and showed ‘low mental ability’ (Donaldson’s, 1883/5/8). Although Glasgow’s Royal Hospital for Sick Children, active in treating such conditions as joint disease, rickets and abscesses, admitted four ‘imbecile’ children in 1892, in 1899 a house surgeon sought a ruling on the admission of a child described as a ‘congenital idiot’ – the directors instructed that such cases should be refused (RHSC, 1899).

The initial strategy of the Association for Visiting and Aiding Permanently Infirm and Imbecile Children was to undertake its work within people’s homes. When this proved impractical because of the severity of many cases encountered and resulted in the creation of East Park Home, the residential care that was to become the focus of the Association’s future work was established. The Home initially accepted children with mental impairments as well physical impairments. In 1875 the Home also accepted John Ferris from Barony Parish, ‘a blind boy ... who was too young to be admitted to the blind Asylum’ (EPH, 1875). However the directors had already been in touch with Larbert Institution and the Glasgow Deaf and Dumb Institution concerning mentally and hearing impaired children (EPH, 1874). In 1875 it asked its subscribers to lend their support in gaining places at Larbert as it ‘had been able to do but little’ for ‘imbecile children’ (EPH, 1875). In 1876, four such children were removed when Robert Ross, Alex McGilvray, Robert Hamilton and George Balsillie were transferred to Baldovan Asylum (Baldovan, 1876). Other children were transferred, referred or placed in Glasgow Blind Asylum and Glasgow Deaf and

Dumb Institution and in October 1876 it was proposed that the Association's name be abridged to the 'Association for Aiding Infirm Children' (EPH, 1876). Although the Association had initially set out with objectives that embraced all children with infirmities, it quickly refined these because of the varied requirements of children with different forms of disablement and because it accepted that some of its work was duplicated by existing institutions. However, institutional provision remained problematic for conditions that did not conform to the self-designated role of many institutions, and for children who had multiple disabilities.

The children's experience

Narrative records left by nineteenth institutions receiving children are dominated by the hand-written minute books that were intended by directors and governors as records of their administrative discussions, and by printed annual reports intended for the legions of benefactors who provided support through regular donations collected by teams of 'lady collectors'. Minute book styles vary, some being primarily concerned about the fixtures and fabric of buildings while others discuss admission deliberations, cases of medical concern or instances concerning discipline. Annual Reports were for public consumption. They were intended to encourage continued and increased subscriptions by publishing long lists of the names and addresses of their donors along with the amounts of their donations, while also giving short accounts of their work, often with lists of children in residence or recently discharged accompanied by their circumstances and condition. The Reports were ultimately intended to demonstrate the good work being undertaken and achieved as a result of their readers' magnanimous financial support.

Minute books are potentially more candid in revealing the experience of children in early institutions, but all too frequently juvenile inmates were not of sufficient importance to warrant discussion at meetings dominated by administrative and financial matters. Children were given greater attention in annual reports, but this focus was motivated by the objective of awaking sentiment and loosening purse strings of charitable donors. Words purporting to be those of children were heavily edited from the vernacular speech in which they would have conversed and the stilted prose in which their essays would have been composed, while later photographic compositions of smartly turned out children reveal an underlying sullenness of subjects who had been marshalled together for publicity photography.

Nonetheless these records suggest that in the early days of several institutions, the children were treated as individuals and staff took a personal interest in their physiological and educational progress. However, when this occurred, such institutions were small in size and there were a limited number of children to be cared for. This sense of the child as an individual was lost when institutions expanded into large concerns with up to three hundred children. Such expansion of scale was driven by a 'demand' for places. Families sought to provide children with opportunities and comfort impossible at home and often saw institutions as being able to supply this. But demand from poor boards and from those involved directly with institutions was often stimulated by the perceived economic and social benefits to society above sympathy for the plight of the 'individual' child.

While direct, and reliable, testimony from the nineteenth century is more difficult to establish, personal testimony from the inter-war pre-National Health Service period

when the structures of charitable institutions had undergone little change, conveys a different picture from that portrayed by annual reports. This is exemplified by two testimonies from East Park Home.

Amy, rendered lame in one leg by an attack of polio, was admitted to East Park Home at the age of three. Amy recalled a regime that greatly isolated children from the 'outside world.' When her widowed father took her to the Wellington Street offices of the Home, he was told not to return for 'at least two to three months'. Children were prevented from standing at the gates of the Home to watch the bustle in the street beyond because assistants from a nearby bakery were observed to be giving them biscuits. Amy maintained that it was not these treats that drew her to the gates – she just wanted to watch the people and the trams go by.

Amy complained that most staff, although addressed as 'Nurse', were untrained, a view confirmed by Bessie who, as a teenager, took a position at East Park in pursuit of a career in child nursing. Her duties included getting children up in the morning and making their beds. While Bessie maintained that East Park was a happy place in which to work, and Amy spoke highly of the Matron and senior staff, lack of training and the enormity of running the now large Home on limited resources undermined quality and individuality of care. Bessie recalled that 'there was no training for new nurses ... they were calling you nurses to feed your ego, maybe, but you were actually in as helpers.' Above all, Amy resented the standardised clothing: 'They institutionalised you in your look and everything, and that's what I objected to'. As a teenager Amy pressured her father to arrange her discharge and she finally left the Home at the age of fourteen.

Conclusion

The development of institutions for disabled children in Scotland, from the late eighteenth century to the early twentieth century followed an uneven path. Children with sensory, mental and physical impairments were not identified as a distinct group representing 'disability'. 'Blindness', 'deafness', 'idiocy' and 'imbecility', 'lameness' and chronic disease, were seen as quite separate circumstances and they first attracted attention at different periods of the long nineteenth century. This resulted in different responses from those involved in medical, philanthropic, moral and other forms of intervention.

While various strategies were attempted in order to make all of these children 'useful', the expected outcomes were of varied success. It was hoped to turn sensory impaired children into adults who could take a place in 'normal' society although with certain caveats. Despite ambitious objectives in the 1850s and 1860s of curing mentally disabled children, defeat was soon conceded and, in tandem with the growth of district asylums for adults, acceptance of the long-term institutional option for many of them gained ground. The plight of seriously physically impaired children was late to be recognised while the problem of what to do with them as they grew into adulthood was not adequately addressed during the period prior to the First World War.

It must also be borne in mind that many disabled children did not enter institutions. Most remained in their own homes with their families while some were boarded out with strangers. But they too were affected by growing identification of disability as a

‘problem’ for medical correction or for institutional confinement. While the early institutional option may have been pursued with noble intentions, such as in the field of specialist education, it had the effect of removing children from family life, stigmatising them, and stifling their aspirations and expectations. There were genuine concerns directed at the circumstances of children with disabling conditions by those running and supporting institutions for them. However they were also motivated by societal concerns that disabled adults in ‘normal’ society were unproductive and therefore Poor Law liabilities. Some also believed that disabled people were a danger to society because of their potential to procreate and therefore increase the prevalence of disabilities. Institutions projected a caring image in their literature that was intended to attract public approval and subscription. However direct sources of the experience of children suggest that they were often traumatised by strict disciplinary regimes, by loss of family contact and by loss of the basic freedoms experienced by other children.

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